



SNOHOMISH COUNTY SHERIFF'S OFFICE

INTEGRITY • DIGNITY • COMMITMENT • PRIDE

Ty Trenary, Sheriff

HABEAS CORPUS - INTAKE FORM

Documents / Information Needed:

_____ **Certified copy of the Writ of Habeas Corpus** (3 sets) - issued by Snohomish County Superior Court to be served in Snohomish County or another jurisdiction

-OR-

_____ **Certified copy of the Writ of Habeas Corpus**, - issued by any other Washington State Superior Court and serving in Snohomish County. The writ must be directed to the County Sheriff of the court where the writ originated and contain the heading "and each and every peace officer in the State of Washington." The Snohomish County Sheriff will assist any other law enforcement agency in the State of Washington when our county is involved.

_____ **Certified copy of the Warrant In Aid of Writ of Habeas Corpus** (3 sets) - the original writ was issued by Snohomish County Superior Court.

-OR-

_____ **Certified copy** (2 sets) if writ is from another county

_____ **Certified copy of the Order to Issue the Writ of Habeas Corpus**

_____ **Certified copy of the Petition for Writ of Habeas Corpus.**

_____ **Certified copy of the underlying order**, which is the basis for issuance of the writ (i.e. Parenting Plan, DV Order, etc)

**** **Was the underlying order served?** ☐ NO ☐ YES

_____ **\$250.00 Sheriff Advance Fees or** Court Waiver of Fees **or** Fees Waived Statutorily under DV Protection Order Filing

- Form of payment is cash, checks, or money orders. Checks and money orders should be made payable to SNOHOMISH COUNTY SHERIFF'S OFFICE (SCSO).
- Advance fees are estimated fees to be incurred: Refer to Sheriff's fee list on our website.

Complete the following pages as thoroughly as possible:

*CIVIL UNIT * M/S 606 * 3000 ROCKEFELLER AVE * EVERETT, WA 98201 * (425) 388-3522 * FAX (425) 388-3826 *

INTAKE INFORMATION:

INITIATING PARTY INFORMATION (YOU)						
NAME: (last, first, middle)					DOB:	
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
RELATIONSHIP TO OTHER PARTY:			RELATIONSHIP TO CHILD(REN):			
CURRENT ADDRESS: (street, city, state, zip)						
CONTACT #'S (Circle the best # for us To reach you)		MAIN:	CELL:	WORK:	ALT:	
EMPLOYER:		EMPLOYERS LOCATION:			WORK HOURS:	
VEHICLE LIC #:		VEH MAKE/MODEL/YEAR:		VEHICLE COLOR:		

OPPOSING PARTY INFORMATION (OTHER PARTY):						
NAME: (last, first, middle)					DOB:	
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
RELATIONSHIP TO OTHER PARTY:			RELATIONSHIP TO CHILD(REN):			
CURRENT ADDRESS: (street, city, state, zip)						
CONTACT #'S (Circle the best # for us To reach you)		HOME:	CELL:	WORK:	ALT:	
EMPLOYER:		EMPLOYERS LOCATION:			WORK HOURS:	
VEHICLE LIC #:		VEH MAKE/MODEL/YEAR:		VEHICLE COLOR:		

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CHILD INFORMATION: **FOR ADDITIONAL CHILDREN USE ADDITIONAL FORMS**						
CHILD #1 NAME: (last, first, middle)			Nickname:		DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
DAY CARE: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF DAYCARE/LOCATION:						
SCHOOL: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF SCHOOL/LOCATION:						
CHILD #2 NAME: (last, first, middle)			Nickname:		DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
DAY CARE: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF DAYCARE/LOCATION						
SCHOOL: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF SCHOOL/LOCATION:						
DATE CHILD(REN) LAST SEEN:			WHEN DID YOU REQUEST CHILD(REN) FROM OTHER PARTY?			
BEST TIME AND PLACE TO PICK UP CHILD						

Time		Place (please indicate if day care, school, or one of the addresses listed below)				
ADDRESSES WHERE CHILD IS BELIEVED TO BE (Include name of person residing at address and relationship to child)						
1	_____		_____		_____	
	Address		Name		Relationship	
2.	_____		_____		_____	
	Address		Name		Relationship	
Were any police reports completed? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes: Case Type:			
Date filed		Agency		Detective/or Contact		
Was a Missing Person report filed? <input type="checkbox"/> NO <input type="checkbox"/> YES			If Yes: Date filed			
Agency			Contact			
LIST ANY ADDITIONAL INFORMATION LAW ENFORCEMENT SHOULD BE AWARE OF:						
(such as medical issues, safety issues, child's favorite toy, blanket, etc.)						

PHOTO(S) OF CHILD <input type="checkbox"/> INCLUDED <input type="checkbox"/> NOT INCLUDED						

IF YOU NEED ADDITIONAL ROOM FOR ANY OF THE ABOVE INFORMATION, PLEASE USE THE BACK OF THIS PAGE